

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
Community Service Agency
SELF DECLARATION OF CRIMINAL HISTORY

Name of Direct Service Person:	Title of Position:				
Address: Street: _____	City: _____ State: _____ Zip: _____ County: _____				
Facility Name: _____ Address Street: _____	City: _____ State: _____ Zip: _____ County: _____				
Attestation: I hereby attest and certify that I a). have not ever been convicted of committing; b). have not admitted in open court or pursuant to a plea agreement to committing; and c). Am not awaiting trial on any of the following criminal offenses in this state or similar offenses in another state or jurisdiction: <p style="text-align: center;"><u>Initial each box following offense</u></p>					
Offense	Initials	Offense	Initials	Offense	Initials
first or second degree murder		child abuse		commercial sexual exploitation of a minor or vulnerable adult	
attempted first degree murder		abuse of a vulnerable adult		sexual conduct with a minor	
kidnaping		neglect of a vulnerable adult		molestation of a child	
arson		sexual abuse of a minor		molestation of a vulnerable adult	
sexual abuse		continuous sexual abuse of a child		exploitation of minors involving drug offenses	
incest		sexual abuse of a vulnerable adult		involving or using minors in drug offenses	
a dangerous crime against children as defined in A.R.S.13-604.1		sexual assault		Robbery	
child prostitution as defined in A.R.S.13-3206		sexual exploitation of a minor		aggravated assault	

Notarization

I hereby certify that the answers given above are true and correct to the best of my knowledge and belief.

Applicants Signature

State of Arizona, County of _____

Subscribed and sworn before me, a notary public, this _____ day of _____, _____ (year)

My commission expires: _____.

Notary Public=s Signature